

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014050

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 1043

FILED APR 11 1963

F. PLACE OF DEATH

-S- COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Clayton

Length of stay in 1b

8 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

County Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Hillsdale

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

6203 Bailey Pl.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

John F. (Kelley) Barrett

4. DATE
OF
DEATH

Month

Day

Year

3 - 25 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5/24/84

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY

Wholesale Hardw.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John F. Kelley

13b. MOTHER'S MAIDEN NAME

Elizabeth Nevel Butler

14. NAME OF HUSBAND OR WIFE

Mary Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

no

16. SOCIAL SECURITY NO.

426

17. INFORMANT

Mary Barrett

Address

6203 Bailey Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-17-1963 to 3-25-1963 and last saw her alive on 3-25-1963Death occurred at 10:20 a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L.A. Nemenman M.D.

22b. ADDRESS

601 So. Brentwood, Clayton

22c. DATE SIGNED

3-25-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3/28/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Cullen Kelly 7267 Natural Bridge

25. DATE RECD. BY LOCAL REG.

3-26-63

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14002

24027

3

4 0

5 1

6

7 0

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9334X

10

11

12 45-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James G. Lamm

Licensed Embalmer No. 21142

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.